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THE BIG SKY COUNTRY

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THE MONTANA MAVERICK

A publication of Warm Springs State Hospital, Warm Springs, Montana

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SOME PRECIOUS HISTORICAL GEMS CONCERNING THE ENVIRONS, FOUNDING, AND FOUNDERS OF THE WARM SPRINGS INSTITUTION - THESE GEMS BEING DISCOVERED TUCKED AWAY IN THE DEEPEST RECESSES OF THE ARCHIVES OF WARM SPRINGS STATE HOSPITAL.

The Early Environs of Warm Springs

In the year 1886, the following news article entitled "The Warm Springs" was compiled and edited by C.O.Ziegefuss, Editor of the Butte Daily Miner (With Reference to Butte City, The Greatest Mining Camp On Earth, Press of Intermountain Publishing Company):

> "Nature cast Montana in a heroic mold. Within it were created grand mountains whose lofty snow-capped peaks pierce the clouds, lovely and extensive valleys whose rich, polific soil could feed the starving millions of the world; broad plateaus upon whose nutritious grasses roam and fatten countless herds;great rivers whose waters uniting form two of the largest watercourses on the continent, and upon every hand scenery which delight and astonish tourists of the East. But nowhere within its broad domain can be found a spot where she showered her unpurchaseable favors with such unsparing hand as she did at Warm Springs and surroundings. Being situated in the heart of the lovely Deer Lodge valley whose wide expanse is bounded on either side by picturesque mountains, whose eternal snows feed innumerable trout-filled streams which find their way through deep canyons and across the level plains to the peaceful river in the near distance, the eye of the invalid is pleased and delighted by a scenic panorama which for natural beauty and magnificance is unsurpassed in the world. These attractions added to the health giving and renewing waters of the springs have made them one of the most popular winter as well as summer resorts in the West.... The waters of the springs are essentially medicinal, possessing remarkable curative properties, and have been found highly beneficial in rheumatism, neuralgia, catarrh, dyspepsia, kidney ailments, and chronic diseases. The waters contain: Iron 21%, soda 9%, Magnesia 8%, and a trace of arsenic.
>
> "The bonanza king, whose time hangs heavily upon his hands, the business man, whose vital powers are impaired by constant labor at his desk, the overworked mechanic, whose tired body calls for rest, the care-worn wife, whose manifold household duties have overtaxed her weak form, the literary man, whose wearied brain demands relaxation from toil, the day laborer who wants a holiday, and all others suffering from the ills to which flesh is heir, can find no better place to recuperate and regain lost health and strength than to the deservingly popular Warm Springs of Deer Lodge...it would require a volume to enumerate all the cures effected by use of the waters of these springs. Suffice it to say that in every instance where they have been given a fair trial, the patient has been restored to health. The unusually large percent of persons who have regained their reason at the asylum speaks volumes of praise of this great sanitarium."

The Founding of the Warm Springs Institution

The generally accepted view of the founding of the Warm Springs Institution is contained in a speech made in 1924 by R. J. Hathaway, Superintendent:

"Forty-seven years ago (from 1924), the young territory of Montana awakened to the sudden realization that 13 persons within its borders were dependent mental incompetents, and that no provision had been made for their care. Honorable Benjamin F. Potts, then Governor of the Territory, alert to this contingency and to the future responsibilities of Montana citizens, was attracted to the present location of Montana State Hospital and requested Dr. A. H. Mitchell, then a well known practicing physician of Deer Lodge, to submit a proposal and a bid for the care and maintenance of the mentally ill of the Territory. No doubt Governor Potts and Dr. Mitchell held a mutual keen respect and appreciation of the curative values of the hot springs, and of the advantages offered by the surrounding acreage for agriculture and stock farm. As soon as his proposition was approved, Dr. Mitchell began to acquire the properties and also formed a co-partnership with Dr. Charles F. Mussigbrod. Endowed with courage and rare foresight, the partners assumed the duties of the new venture with confidence and a solemn consciousness of the important work entrusted to their initiative. A small group of stone and log buildings on the cite of the present Commissary Building formed the nucleus of the present State Hospital which stands as a permanent memorial to the perseverance of the founders. The location was near the 'mound,' the source of the hot springs that has never defaulted in its mission and which continued to flow at a temperature of 178 degrees fahrenheit.

"The initial opening on April 7, 1877, recorded the reception of 13 men who came overland from Deer Lodge and were enrolled as patients. Of the original colony of 13, all but one have "crossed the Great Divide." From April 1877, until December 1912, the institution was under the private ownership of the owners, Mitchell and Mussigbrod, were reimbursed by the Territory or State under contract, on a per diem cost basis. The late Honorable Edwin L. Norris, 4th Governor of the State, in his special message to the 12th State Legislature, advised the general assembly to consider seriously State ownership and control of the 'Asylum.' He suggested the purchase of the property already established at Warm Springs. Accordingly, a joint committee composed of members of the Senate and House of Representatives, was delegated to render an estimate of the cost and report upon the proposal of purchase. Preliminary negotiations resulted in an agreed price of $650,000. And pursuant to the recommendations of the joint Committee, the General Assembly enacted a law (approved March 13, 1911) authorizing the establishment of a State Hospital, and providing for an appraisal commission, including an arbitration proviso. In due time the Commissioners concluded their findings with a final appraised value of $533,000 duly acceptable to the owners, and the electorate ratified the bond issue for the purchase of the property at the next general election. At the date of acceptance of the properties by the state, December 1, 1912, there were a total of 854 patients (626 Male - 228 Female) under care.

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There is some doubt as to the accuracy of Dr. R. J. Hathaway's account of institutional founding. Earlier historical documents set the date of founding during the year 1875, or two years earlier than commonly believed. The discrepancy is made apparent in this news article published by C. O. Ziegefuss, Editor of the Butte Daily Miner 1886:

> "The Springs are 25 miles by rail northwest of Butte and 17 miles south of Deer Lodge. Title to the land upon which the Springs are situated was first obtained by Mr. L. Belonger who built a two-story hotel and summer bathhouses on the premises. Mr. Belonger sold the property to Mr. E. Girard who in 1875 disposed of it to Dr. Mussigbrod and Dr. Mitchell, the present proprietors. During the same year, these two gentlemen were awarded the contract to take charge of and keep the territorial insane, which contract has been renewed every two years. The original purchase comprised of 160 acres to which they have added other purchases until at the present time they own 1,800 acres in one body. The gentlemen have also made extensive improvements in the shape of buildings and other accommodations. They have built a two-story frame hotel plastered and hand-finished throughout with two commodious parlors and twelve rooms, all finely furnished for the accommodation of guests; a two-story laundry 25 x 60 feet, a storehouse 20 x 20 feet, and a meat house of the same dimensions; a two-story house 25 x 50 feet in which convalescent patients are kept; a brick, fire-proof structure for violent patients, cellars, ice house, milk house, wood houses, and many other requisite outbuildings, in all, 32 buildings. The several buildings are connected by substantially built, raised walks, and fine walks extend to the main spring 1,000 feet west of the bathrooms. Hot water is conducted from the great spring to the bathrooms through a pipe, while a second pipe conveys the water to a great tank, in which it is cooled. A pipe from the tank leads the cold water to the bathrooms, thus enabling bathers to regulate the temperature of the water as best suits them. A large plunge bath 40 x 60 feet and 6 feet under cover, has also been constructed for accomodation of guests."

The Founders of the Warm Springs Institution

Dr. Armstead Hughes Mitchell was born in Kentucky State in the year 1831. His father had settled in Montana during the year 1802. The father was a rancher on large scale. Dr. Mitchell was sent to the University of Virginia and initially was a poor scholar. During the Junior year of University education, Dr. Mitchell ran away to enlist in the U. S. Army for service in the Mexican War. After the Mexican War, Dr. Mitchell pursued medical studies at Jefferson College, Louisville, Kentucky. He finally graduated with the M. D. degree from New York University in 1852. The year 1857 found Dr. Mitchell in California State where he was occupied in cattle ranching. The same year, he was elected speaker of the California State Legislature. At some later time Dr. Mitchell became one of the original discoverers of the Esmeralda Mine in Nevada. He made a large fortune from mining operations.

In the year 1868, Dr. Mitchell was elected by democrats to a seat in the Montana Territorial Council. While practicing medicine in Deer Lodge during the years 1869-1871, he took contract for building the Territorial Prison. Dr. Mitchell then served as the prison Physician. He became Surgion General of the Territory during the campaign against the Nez Perce, and he became involved in the care of the wounded after the Big Hole battle.

In 1892, Dr. Mitchell changed from democrat to People's Party on which ticket he ran for the office of State Senator. Dr. Mitchell was selected one of Montana's three commissioners to the World Columbian Exposition at Chicago, Illinois in 1893. During the month of October, 1898, Dr. Mitchell died at Warm Springs, Montana, the cause of death being mastoiditis. Dr. Mitchell is buried at Deer Lodge, Montana.

The personal history of Dr. Charles F. Mussigbrod is unclear. Some historical documents make references to his being a Medical Doctor, while other documents indicate medicine was not his profession. There is even lack of certainty regarding Dr. Mussigbrod's name. Some documents refer to Dr. Charles F. Mussigbrod. Other documents, purportedly dealing with the same individual, refer to Drs. Peter Mussigbrod and Charles I. Mussigbrod. Were these the same or different individuals? The sources of information are vague. Dr. Mussigbrod is variously described as pleasant, merry, and stern. The earliest historical record depicts Dr. Mussigbrod in this manner:

> "Dr. Mussigbrod, the resident physician, occupies an enviable position in his profession, and is with all a genial gentlemen, an attractive courteous host, a sympathizing friend to the distressed, and a most pleasant companion. He keeps the place scrupulously neat and orderly, the table supplied with the choicest vitals procurable, and cheerfully and satisfactorily meets all the wants of his guests."

A later, perhaps corrective account of Dr. Mussigbrod's life has information to this effect:

> "Dr. O. Y. Warren, who married Catherine Kohrs, daughter of Conrad Kohrs of Deer Lodge, assumed charge of the hospital after the death of Dr. Mussigbrod. Dr. Mussigbrod returned to Germany before death. Dr. Peter Mussigbrod was not an M.D. but a graduate Dr. of minerology from Heidelberg University. He mainly interested himself in looking after the mining interests at Garnet and elsewhere. He spent most of his time at Warm Springs and was well known throughout Montana. The assistant physicians ate their meals at the Mussigbrod house and Dr. Peter Mussigbrod sat at the head of the table. He was an excellent host and a fine gentlemen. He was a large man, militaristic in bearing, not always genial. His face was badly scarred from wounds received in the customary duels of Heidelberg University."

As a final reflection upon the life of the institutional cofounder, Dr. Mussigbrod, I would like to quote this news article written by Granville Stuart on July 4, 1876. The article is entitled: Dr. Mussigbrod has been promoted."

"Dr. Mussigbrod has been promoted. A day or two ago he had the manacles taken off the limbs of Tousley at the asylum, and after clipping his hair, treated him to a good bath and told him the irons would not be replaced unless necessary. Tousley was grateful, thanked him rationally and feelingly, and then relapsing into his pet ideas, drew a brass key about a foot long from a place of concealment in his clothing, presented it to the doctor saying: "I am God; I hereby appoint you keeper of the gates of hell and present you with this key - - - do your duty like a man!" The doctor turned the key over to Pascoe as assistant keeper, and Tousley is now rid of half his troubles."

Richard E. Fanestil

FUTURE SHOCK

The community Mental Health Centers Act has been dealt a damaging blow by President Nixon's budget message to Congress in January 1973. How incapacitating this is remains to be seen but, at this writing it appears that no new funds will be released for growth and expansion or for new Center development. Existing Centers will continue to be funded for the remainder of the eight years originally contracted.

Thus, in Montana, the Centers at Billings, Missoula, and Miles City, will continue as is. All of these Centers had either alcohol and growth grant requests in or approved by Federal authorities, but it is very doubtful that any Federal dollars will be forthcoming. The Clinics in Butte, Helena, and Great Falls have applied for and been accepted by Federal authorities for Center status and funding, but it is extremely unlikely funds will be released for this purpose.

Three factors exist that may change this current state of affairs:

1. Congress may enact legislation compelling the President to release funds for programs previously approved by Congress.

2. The President has mentioned his desire to release additional revenue sharing funds for health purposes.

3. Mental Health Centers, being a popular cause, may generate sufficient citizen demand to bring about at least a moderate increase and orderly growth pattern to the still fledgling Center development pattern. At present approximately 400 Centers are Federally funded, covering 35% of the nation's population. The need for all citizens to equally share in the increased health coverage afforded by Mental Health Centers is obvious. In Montana, 386,000 citizens enjoy expanded and increased local Mental Health services while 296,000 are making do with limited Clinic care.

Philip Powers
Community Services Consultant

NEW LABORATORY FACILITY

The new Laboratory at Warm Springs State Hospital has been in operation for 16 months. It is a practical, convenient and beautiful design, with an automated Hematology Department, and some automation in the Chemistry Department also. The "Pier" design divides the main Lab area into a number of self-contained small Labs: Hematology, Chemistry, Urinalysis, Blood Banking, Serology, Drug Analysis, Dish Washing, Microbiology, and Bio-chemistry. A constant flow of fresh, cool and warm air, depending on the season, circulates throughout the Lab and maintains the temperature at a comfortable level. This venting system ensures that no unpleasant odors permeate the Laboratory. A primate restroom and shower is located at one end of the Lab. My fanaticism in cleanliness is accomodated by all personnel in leaving their areas clean, neat, and orderly at the end of each day and a good scrubbing on Friday afternoon.

We have a staff of three full time technicians: Maybelle Landreville, Henry Meeks, and Robert Bethke; and a part time Technician: Jennie Tiddy.

We are considered a relatively small Laboratory but adequately complete in the coverage of nine departments as mentioned above, and currently introducing new equipment and procedures.

I have created a flexibility for the technicians, who are expected to rotate easily through the various sections. This enables each technician to be familiarized with each department and aware of any recent changes in methology and so forth. I feel this is essential because the hospital must be covered 24 hours a day for emergency Laboratory work. Each technician is available alternating at weekly intervals.

The Hematology Department is our most automated station with an automated cell counter, slide stainer, hemaglobinometer, and dilutors. This modern equipment speeds work time up to 80% over manual methods and is more efficient and accurate.

In chemistry we have a new flame photometer used in measuring sodium, potassium, and lithium levels, a valuable instrument for our Institution. Recently we purchased a thyrimeter for thyroid function tests, our only instrumentation in Radio-Isotopes. Also a reflectance meter used mainly for "stat" glucose levels. It is small and compact and can be carried to the wards where a blood sugar can be performed on a finger stick and produce and answer in two minutes. A great source of speed for the technician, comfort to the patient (especially on difficult veins), and a rapid result for the Physician. Other equipment in daily use is our titrator, fibrometer, and spectrophotometer.

A routine urinalysis includes: chemistry, microscopic, and a measurement of phonothyazides excreted in the urine. Special urine testing is also done upon request.

Our blood banking is handled in the usual standard procedure. We have a blood bank refrigerator with an alarm system in the Laboratory and at the Nurses Station in this building. This alarm will be set off both in the Lab and at the nurses station in case of a power failure or mechanical problem if the temperature drops below 4 degrees centigrade or above 6 degrees centigrade. Thus, ensuring the proper temperature of donor's blood for transfusions.

Our drug analysis is limited at the present time to testing substances and materials. All body fluids must be sent out to another Laboratory where they have the proper equipment to produce a reading on any specific drug.

I am proud to relate the progress we have made in up-dating our Microbiology program. We now meet the approval of CDC standards. Through continuous education programs, two of us in the Laboratory have had the opportunity to take courses in Microbiology and Biochemistry. We now make all our medias and maintain a stock of approximately 25 agars, broths, and sugars used in the isolation of organisms and the chemical reactions for identification of organisms. In organizing our media department, I estimate a savings of at least $4000 annually, as compared to purchasing ready made preparations. Also we can be assured of freshness and availability - plus minimal waste. We keep on hand a number of pure stock cultures to be used as reference or controls. We routinely collect environmental cultures twice a month from all food and eating services, laundry, bakery, butcher shop, surgery, central supply—and from the wards when requested, to check for contaminants. Also cultures from throats, urine, wounds, and so forth, are processed here, as well as, salmonella, shigella, fungi, yeast, and gonorrhea smears and cultures.

In our Serology Department we test for syphillis, approximately 200 samples a month. Pregnancy tests and many other agglutination tests are done.

We are participants in the College of American Pathologist survey and several quality assurance programs. We receive, quarterly, from CAP samples of known values (unknown values to us) for testing in all areas of the Lab. Our superintendent, pathologist, and the State Board of Health receive copies of our results, enabling them to be aware of our accuracy and precision. A commercially prepared normal and abnormal control are run with every test performed in this Laboratory. If our controls read in suggested range, we feel assured in reporting our answers to the physician as a correct result. Should they be out of range, we must initiate a search for the cause.

I would like to extend an invitation to anyone interested in a tour of our Laboratory and facilities. We are, indeed, proud to show, and demonstrate if you like, our top-grade equipment, and a Laboratory that processes 4000 tests and services monthly.

Maybelle Landreville
Laboratory Supervisor

AGE COMPOSITION OF THE 932 PATIENTS RESIDING
AT WARM SPRINGS STATE HOSPITAL ON DECEMBER 31, 1972

On December 31, 1972, the mean (arithmetic average) age of 932 Warm Springs State Hospital resident patients was 55.17 years. The median (middle of distribution) age was 58 years, and the mode (most frequently represented) age was 58 years. Age range was 87 years with the youngest patient being 9 years old, and the eldest patient being 96 years of age. The percentage of patients having an age of 50 years or younger was 34%, while the percentage of patients having an age of 50 years or over was 66%. The percentage of patients falling into the age group 21 years or younger was 4% (N35). The following tables show the age distribution of resident patients according to several different age groupings.

TABLE 1
Standard Federal NIMH Age Grouping

AGE GROUP (YEARS)	NUMBER	PERCENT(%)
0 - 4	0	0
5 - 14	2	Less Than 1
15 - 19	13	1
20 - 24	43	5
25 - 44	185	20
45 - 64	406	44
65 +	283	30
TOTALS	932	+/- 100

TABLE 2
Age Grouping by Decades

AGE GROUP (YEARS)	NUMBER	PERCENT(%)
0 - 10	1	Less Than 1
11 - 20	24	3
21 - 30	87	9
31 - 40	81	9
41 - 50	132	14
51 - 60	238	26
61 - 70	194	21
71 - 80	115	12
81 - 90	52	6
91 -100	8	1
TOTALS	932	+/- 100

(Continued on last page)

GARDENING IN THE SNOW OR AS IT IS IN MONTANA

Gardening can be relaxing, rewarding, and very enjoyable. Gardening can be time consuming, frustrating, and very disappointing. The latter reference being the exception to the rule.

The approach that one makes toward gardening will in part decide the fruits of his labors, sort of will the grapes be sweet or sour?

The majority of residents in Montana have an advantage over we transplanted Midwesterners, Easterners, and Southerners, when it comes to gardening. That advantage is you know what to expect from the weather or better yet what not to expect. You learn not to expect four seasons of the year, and not to plan on 145 days between frosts for growing things.

Someone once mentioned in passing, that it snowed on the fourth of July every few years, and my remarks were, "I will believe it when I see it." I am a believer, I am, I am!!!!!! I have seen snow on the fourth of July, I have seen three inches in the middle of June. I have seen our geraniums with their red and pink flowers sticking out of the snow, and yesterday's green leaves now black from the cold.

Snow in midsummer does not come often in lower elevations of the Rockies, but it does come! Don't let this cool your enthusiasm for gardening, because it can be done!

Gardening is not a major industry in Montana, but has an interesting history. A great deal of Greenhousing and root crop farming are done throughout the state. Truck farming on a limited scale is carried out in those protected valleys such as in Missoula and the Bitter root area where the danger of frost is less than in the mountain valleys, such as the Deer Lodge valley. Warm Springs would not qualify as the garden spot of the state, but many beautiful and colorful flowers adorn the lawns and flower boxes of the grounds and homes during the short summer months.

If you have occasion to travel the back roads of Warm Springs, you may find an occasional person scratching the arsenic laden ground and putting a lonely seed or wilted plant into the perma frost. This person may be working at a vegetable garden and if he can stand erect to talk to you, you will hear a frightful story. The story about the long line of "if's," if it does not freeze or frost tonight, if it doesn't hail or a cloud burst wash the seeds out of the ground, or if the gopher or ground squirrels do not eat the sprouts, and the "if" list goes on!!

Sometimes, the good weather days outnumber the "ifs" and the crops can mature, yes I said mature to a full ear of corn, or stalk of celery, or even a "tomato."

With proper planning and careful selection of seeds, most plants can be grown in this area or for that matter in the state.

If you venture into the realm of vegetable gardening a great deal of planning and preplanning is necessary.

In your preplanning stages it is advantageous to provide an area where seeds can be started, (inside), around mid February, being sure to take into consideration adequate light and temperature. Along the lines of light and temperature, you will require a light intensity of between 700-900 foot candles over an average of eighteen hours per day. Since the winter months only provide approximately eight hours of high intensity light a day, if we are lucky, you will require some other source of light. A two to one balancing of fluorescent to filament light will usually give you your red-blue balance necessary for good plant growth. The red would be in the 6500 angestrom unit range and the blue in the 4500 angestrom unit range.

The temperature and humidity of the area used should fall in the comfort ranges for that of people. The daytime temperature of the plant area should be 70-75 degrees Farenheit with a relative humidity of 65-70 percent. A night time temperature of 60-70 degrees is adequate with a constant relative humidity of 65-70 percent.

If you have used proper potting soil, high quality seeds and adequate amounts of fertilizer, you should now have healthy green plants for the garden. After proper acclimation of the plants to the outside temperatures, transplanting can now take place. The transplanting of exceptionally delicate plants such as tomatoes, egg plants, peppers, and various flowers should take place after the danger of frost has passed, whenever that might be!

Close observation of weather conditions and reports will be necessary. The effect of a mild frost can be forstalled by covering the plants with newspaper or sheets of plastic. This procedure can become quite tiring if frost conditions continue night after night. This would also be a clue, even to the shrewdest of observers, that he planted out too early or winter is upon him.

If the luck of the Irish is with you, and the gods smile upon your meager scratchings upon the earth, you will be rewarded with a beauty known only to the strange breed that calls himself a gardener. Not being Irish, and having no gods of the garden to call upon I have still met with moderate success in growing the following vegetables and flowers.

VEGETABLES: Lettuce (all types), Carrots, Peas, Beets (red), radishes, Spinich, Limas, Egg Plants, Cauliflower, Cucumbers, Corn, and Tomatoes.

FLOWERS: Pansies, Zinnias, Astors, Bachelor Buttons, Roses, Geraniums, Petunias, Marigolds, Mums, Snapdragons, Dahlias, Coleus.

I am sure that many more can be grown, but due to limited space, this is what varieties have been tried with success to date.

Gardening was used as a means of therapy, at one time, before the wide use of tranquilizers. Warm Springs used gardening as a means of therapy for many years, even today on a limited basis it is still used.

At peak periods some 1800 acres were under cultivation with field and garden crops. The garden crops of cabbage, potatoes, onions, turnips, and rutabagers were distributed throughout the institutions, Galen, Boulder, Twin Bridges, and the prison. These crops were reported to have been some of the "Best Grown" at that time.

Gardening on a large scale, such as was done at Warm Springs, was costly and required many man hours. With the advent of better methods of treatment, gardening became of less importance, and was finally out of the mental health picture, as far as large scale applications were concerned. Some project gardening and hobby gardening takes place, but that is the extent of gardening at Warm Springs today.

A large green house facility still exists at Warm Springs which is used for preparation of seedlings which are planted out in the late spring. Only a small portion of this facility is used due to heating and the cost of maintenance. It would be interesting if better utilization of the existing green house facilities at Warm Springs could be made! One could almost envision a program of gardening classes and the green thumb arts of flower arrangement and nursery operation. It was noted by a long tenure employee, that at one time cut flowers were distributed from the greenhouse to various wards about the hospital grounds.

This would certainly be a nice touch in the work day world we live in today. Pause just a moment and consider the delicacies of a fragrant carnation or the colorful patterns of a Firebird chrysanthemum. I am not sure who would derive the most benefits from such a program, the patient or the employee, for everyone enjoys the beauty of flowers.

James R. Haas, R.T. (A.R.R.T.)
Department of Radiology

TEMPORARY CLASSROOMS

The two new modular buildings which have been installed at Warm Springs State Hospital between the commissary and Unit 85 are classrooms and offices to accomodate the L.P.N. School, the inservice training classes and the special duty aide courses, which began March 5. All three programs were displaced by the fire that took place on December 6. Each unit contains two classrooms, two staff offices, and two bathrooms. They were purchased from the lowest of three bidders, built to specifications and delivered on-site in the amazing time of five weeks from the date of the purchase order.

Everyone is cordially invited to visit the structures when classes are not in progress, and also to ask any questions which might come to your mind regarding these temporary replacements.

We wish to thank the maintenance crew and all the hospital craftsmen who were so cooperative in setting these structures up under very severe weather conditions.

Tom Powers
Business Services Director

DRUG ABUSE TREATMENT PROJECT

INTRODUCTION: This is a report on the development and current status of the Drug Abuse Treatment Project at Warm Springs State Hospital. The program was funded on September 1, 1972, and although there has been some staff changeover and the usual recruiting problems, the program is developing at a satisfactory pace.

PHILOSOPHY: The many facets of this treatment program are anchored in several fundamental philosophical principles. First of all, it is believed that the most effective treatment program for those who are dependent on drugs is a self-help program. As part of the self-help philosophy, we believe that behavior change can be brought about through a commitment on the part of one patient to another, but a commitment that involves both a willingness to confront self-destructive behavior and an acceptence and caring for the person who may be behaving destructively and irresponsibly. It is believed that the value of commitment can be instilled in the treatment group if the staff consistently practices this value and expects it from all in the program.

Another important concept in the treatment program is Crisis Intervention theory. For the purposes of this report, crisis is defined as a period of disequilibrium overpowering the individual's homeostatic mechanisms, and this implies that in a state of crisis, the habitual problem-solving activities of the individual are not adequate for a rapid re-establishment of equilibrium. The assumption is that if a person is confortable with his behavior, he will not change it and that the optimum time to help an individual change his behavior patterns is when he is in a crisis, or a state of disequilibrium.

In a practical sense, this means that some people who are referred to us because of drug dependence are experiencing a great deal of anxiety and are in a state of disequilibrium, or crisis, because of internal physical or emotional problems, but we are also finding that many others that are referred to the Drug Program are experiencing little anxiety and guilt about their behavior, except as it brings them into conflict with society. This, then, means that the kind of commitment an individual is under and whether or not there is a criminal charge pending against him will in many instances determine whether or not that individual is in a crisis and can be motivated to change his behavior.

In summary, we believe in the values of concern for others and responsible behavior. We also believe that if an individual is in a crisis, we can help him change behavior patterns and develop self-esteem and internal controls through confrontation of his destructive behavior if, along with the confrontation, there is a great deal of acceptance of his worth as a person.

PROGRAM STRUCTURE: The group treatment method is the foundation of the program, although other treatment methods are utilized. The groups will be made up of about eight patients and two staff members and will consist of the Motivational Group, The Problem Solving Group, The Social Survival Group, and a Release Planning Group. All patients will be expected to progress through all three of these groups before they will be considered for discharge from the program and the hospital.

At the time of assignment of all new patients to the Motivation Group, an individualized and comprehensive treatment plan is worked out which is based upon extensive diagnostic work on the patient and involves itself with the total needs of the individual. When this plan is worked out, a case coordinator is assigned to support the patient in working on his problems and to monitor his progress in all facets of the treatment program. A typical day for any patient would consist of involvement in whatever treatment group is appropriate for him, as well as, work responsibility on his ward, and educational, vocational, and recreational assignments at the hospital.

The primary emphasis in the total treatment program will be upon behavioral change and attempts will be made to observe all facets of the patient's functioning in order to pin-point behavior patterns that need to be worked at in the group so that alternatives and ineffective behavior patterns can be considered. Another basic assumption is that the destructive behavior patterns that brought the patient to the hospital in the first place can be detected through careful observation of the patient in a variety of settings.

STAFF: One particular strength of the Drug Program is the emphasis on a balance between professional staff and para-professionals who have had problems with drug dependence in the past and have recovered. We currently have three para-professionals, one supervisor, a project director, and one part-time Social Worker who functions primarily as a group therapist in the evenings. In addition, we have a clerical staff of a secretary and a clerk-typist. Two professional positions are still open, but it is anticipated they will be filled in the near future.

TRAINING: On-going in-service training is considered essential for the success of the program. Areas already covered in in-service training with staff include principles of a helping relationship, the theory of human growth and development, and a considerable emphasis has been placed upon method and technique in working with groups. There has also been some training sessions on personality theory and psychopathology.

The project director has been primarily responsible for in-service training and a three-day extensive workshop in group methods and technique was conducted by the Northwest Institute for Behavioral Sciences of Tacoma, Washington. This was considered a very effective and successful training experience inasmuch as group methods and techniques were taught by involving the staff itself in the group process. Other training experiences of this type are anticipated in the future. Also, Mr. Jacobs of the hospital Social Service Department will soon be providing us with training regarding release planning.

Although much of the in-service training has been formal, involving lectures and group discussions, there has been considerable emphasis on utilizing all patient screening meetings and case staffings to illustrate certain principles of human behavior and treatment techniques.

RESEARCH: Sam Campanella, Psychologist with the Psychology Department at Warm Springs State Hospital, has been assigned to us part - time to develop a Data Collection system and Research Design to evaluate the effectiveness of the program. This system is currently operational and involves routine collection of patient demographic data, treatment evaluation data and patient movement data; both through the treatment program and the after care program. Our record keeping involved both progress notes routinely kept in our internal records as well as progress reports for the hospital medical records.

AFTER CARE AND FOLLOW-UP: The Drug Program is responsible for a follow-up of patients completing the program. Tentative plans are to request that the Montana Drug Program for Region 3 and the Mental Health Centers in all other regions develop a follow-up program for each patient completing the drug program. If the Mental Health Centers and the Montana Drug Program agree to assist us in follow-up, we would anticipate very close communication and coordination between them and our case coordinator during the 24 month period.

MONTANA STATE PRISON: An agreement has recently been negotiated with Mr. Yankoskie, Director of Classification and Treatment, of the Montana State Prison, for the acceptance of parolees from the prison into the drug program. The procedures worked out with him are as follows:

1. A team made up of representatives of the Drug Program and the prison staff will evaluate and screen prisoners with a history of drug dependence.

2. Prisoners who are recommended for the Drug Program will be presented along with the records to the Parole Board.

3. Prisoners who are recommended for the Drug program will be accepted into the program only if the Parole Board paroles them from the prison on the condition that they complete the Drug Program.

4. Parolees who do not accept treatment offered them in the Drug Program may be returned to Montana State Prison.

COMMUNICATION: A great deal of effort has gone into developing a communication network between the Drug Program and the general hospital at Warm Springs.

Meetings have been held with several individuals and departments to acquaint them with the Drug Program and these meetings will continue. Case coordinators have been assigned the responsibility of maintaining a continual flow of information to and from the Drug Program and the wards where the individual patients reside. In addition, case coordinators are responsible to attend all Unit Re-evaluation Staffings of

patients in the drug program. The case coordinator at these meetings will be responsible to explain to the unit staff the patient's progress in the Drug Program as well as to gain information of his general functioning to feed back to the Drug Program. Finally, arrangements have been worked out with Lou Wurl for regular meetings between the Drug Program staff and Activity Therapies staff. Again, the functions of these meetings would be exchange of information and coordination of treatment plan.

SUMMARY: In the program organization, attention has been given to the areas of treatment methodology, individualized case plan, role clarification for staff, data collection and research and in-service training. It is felt that these areas are developing quite satisfactorily and the program has a good potential of developing into a strong and viable program that will result in significant behavior change on the part of patients with problems of drug dependence. Primary effort is going into developing these facets of the program, but later on, more and more effort will go into educating the community about the Drug Program.

Richard Thompson
Project Director

AGE COMPOSITION (Continued)

TABLE 3
Cumulative Age Grouping

AGE GROUP (YEARS)	NUMBER	PERCENT(%)
10 or younger	1	Less Than 1
20 or younger	25	3
30 or younger	112	12
40 or younger	193	21
50 or younger	325	35
60 or younger	563	60
70 or younger	757	81
80 or younger	872	94
90 or younger	924	99
100 or younger	932	100

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